

SESSION SCHEDULE CHECKLIST

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821

Phone: 1-800-562-9235 www.ocg.louisiana.gov

ne t	OIIC	wing checklist has been developed to assist you when preparing and submitting a Session Schedule Form.
	1.	Please include your State License Number (EX: G-0005670), if applicable.
	2.	A correct fax number or e-mail address must be provided in order for the Office to fax or e-mail a license.
	3.	Organization Official must complete the amount of rent per session and provide a lease, if applicable.
	4.	When submitting a request to add or delete a session(s), organization official and commercial lessor/non-commercial lessor must sign the form approving the session(s).
	5.	List all dates and times of events. Enter the starting time of a session as the time the organization will begin selling paper/pulltabs.
		Circle AM or PM, Length, and Add or Delete.
	6.	Additional Session Schedule
		A. If organization has events at more than one location, complete a form for each location and include lease agreement, if applicable.
		B. List all dates, times and length of sessions for each additional location.
	7.	Lease Agreement
		A. If organization is paying rent for any location, submit a signed lease agreement.
		B. Lease agreements must include all dates and times organization is to conduct gaming activities.
	8.	When changing schedule of dates and times, give specific dates and times. Use the Calendar Schedule for changing multiple sessions.
		A. Circle add or delete
		B. Circle a.m. or p.m.
		C. Enter the start time.
		D. Enter the length of session: for example, 2, 4, 6 or 8 hours. Session cannot exceed 8 hours.
	9.	The second and subsequent revisions to your license must be accompanied by a \$25 check , made payable to "Office of Charitable Gaming" and written on the gaming account.

If you have questions concerning any application information, contact the Office at 1-800-562-9235 or locally at 225-925-1835. You may also visit our website at www.ocg.louisiana.gov.

	Office of	of Charitable Gaming		State Licen	se # G-				
Organization Name:		Signature of Organizat	ion Official Approval: (Required)	Date signed	d:	Organization Phone #:			
Building Where Games are Hel	d:	Lessor (Hall) Approval	(Required)	Date signed	d:	Hall Contact Phone #:			
Rent Amount \$		Fax Number / E-mail a	ddress:	Building Ad	Building Address:				
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	Office	of Charitable Gaming	State License	State License # G-				
Organization Name:		Signature of Organiz	ration Official Approval: (Required)	Date signed:	Orga	nization Phone # :		
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Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days. Holidays: October 10th – Columbus Day October 31st – Halloween								Saturday 1 Add Delete Time: AM PM Length:				
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Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days. Holiday: April 7th – Good Friday April 9th – Easter								Saturday 1 Add Delete Time: AM PM Length:
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30 ☐ Add ☐ Delete Time: ☐ AM ☐ PM Length:			her organization's sched n if organization is in arre		yours will no	t be approved.		

	Office	of Charitable Gaming		State License	e # G-			
Organization Name:		Signature of Organiz	ration Official Approval: (Required)	Date signed:		Organization Phone #:		
Building Where Games are	Held:	Lessor (Hall) Approv	al (Required)	Date signed:		Hall Contact Phone #:		
Rent Amount \$		Fax Number / E-mail	address:	Building Add	ress:			
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Sunday Monday Tuesday Wednesday Thursday Friday Saturo Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days. Holidays: May 14th – Mother's Day May 29th – Memorial Day								
	1 □ Add □ Delete Time: □ AM □ PM Length:	2 ☐ Add ☐ Delete Time: ☐ AM ☐ PM Length:	3 □ Add □ Delete Time: □ AM □ PM Length:	4 ☐ Add ☐ Delete Time: ☐ AM ☐ PM Length:	5 ☐ Add ☐ Dele Time: ☐ AM ☐ PM Length:	6 □ Add □ Delete Time: □ AM □ PM Length:		
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Office of Charitable Gaming					State License # G-		
Organization Name:		Signature of Organiza	Signature of Organization Official Approval: (Required)		igned:	Organization Phone #:	
Building Where Games are I	Held:	Lessor (Hall) Approva	Lessor (Hall) Approval (Required)		igned:	Hall Contact Phone #:	
Rent Amount \$		Fax Number / E-mail	Fax Number / E-mail address :		Building Address:		
 Change requ Submit the e 	lests must be submitted n ntire year's schedule to a	sessions previously so later than 5 (five) busine void additional charges and circle AM or PM and Add o	ss days in advance. d/or delays.	h.			
Sunday	Monday	Tuesday	Wednesday	Thursda	y Frida	y Saturday	
Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days. Holiday: June 18th – Father's Day				1	e	ate	
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	If any requeste	d session conflicts with a The office has the rig	another organization's so ht to deny modification i			oved.	